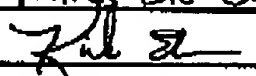


PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/707,117	
	Filing Date	11/06/2000	
	First Named Inventor	Jon A. Wolff	
	Art Unit	1632	
	Examiner Name	Michael C. Wilson	
Total Number of Pages in This Submission	3	Attorney Docket Number	Mirus.018.02

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Mirus Bio Corporation		
Signature			
Printed name	Kirk Ekena		
Date	06/16/2005	Reg. No.	56,672

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) Mirus.018.02	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>6/16/05</u>		In re Application of Jon A. Wolff, Vladimir G. Budker	
Signature <u>Kirk Ekena</u>		Application Number 09/707,117	Filed 11/06/1999
Typed or printed name <u>Kirk Ekena</u>		For Intravascular Delivery of Nucleic Acid	Art Unit 1632
		Examiner Michael C. Wilson	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>250.00</u>	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		06/17/2005 BBONNER 00000015 09707117	
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		01 FC:2401 250.00 OP	
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<u>Kirk Ekena</u> Signature	
<input type="checkbox"/> applicant/inventor.		Kirk Ekena Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		608-238-4400 Telephone number	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>56,672</u>		<u>6/16/05</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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